Controlled Substance Informed Consent Form

Patient Name: Maxie Dion Schmidt DOB: 11251985 Age: 37

The following agreement relates to my use of a controlled substance prescribed by EZCare Medical Clinic physician(s). I will be provided controlled substances while actively participating in my treatment plan ONLY if I adhere to the following regulations:

1. I will use the substances only within the parameters given by my treating physician.

2. I will not receive replacement medications for "lost or "stolen" medications without presenting a valid police report.

3. I agree to submit to URINE AND BLOOD TESTINGS at any time.

4. I will not expect to receive additional medications prior to the time of my next scheduled refill regardless if my new prescription runs out for "stretching out" my medications if my new prescription is dated for a weekend, holiday, or any other date when I cannot refill my prescription. I understand that prescriptions will not be rewritten for a new day under any circumstances.

5. I agree to submit a URINE PREGNANCY TESTING at any time if required by the physician and I will NOTIFY EZCARE MEDICAL CLINIC IMMEDIATELY AFTER I AM AWARE THAT I AM PREGNANT.

6. By law, a maximum of thirty (30) days' supply of medicine will be prescribed at any one time.

7. I will accept generic brands of my prescription medications.

8. If it appears to the physician that there are no demonstrable benefits to my daily function of the quality of life from the controlled substance, I will gradually taper my medications as prescribed by the physician. I will not hold any member of EZCare Medical Clinic liable for problems caused by the discontinuation of controlled substances.

9. I agree to medication counts as needed, within 24-hour notice.

10. I give my permission to EZCare Medical Clinic staff to contact my previous pharmacy and my previous prescribing physician for pertinent information if required by the physician.

11. I give my permission to EZCare Medical Clinic staff to check the state's CURES program for my controlled substance prescription history.

12. I agree not to sell, share or give any of my medications to another individual; I agree not to obtain the controlled medications (substance) for the same purpose from another physician or other sources without informing my EZCare Medical Clinic treating physician(s).

I would like EZCare Medical Clinic to contact me by cell phone and email if needed.

My Email Address: Maxieds-hackercat@outlook.com **My Cell Phone:** 7208462222

Patient Signature: Maxie Dion Schmidt Maxie Dion Schmidt (Feb 7, 2023 08:50 CST) **Date:** Feb 7, 2023